

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
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6						
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31		/				
32		/				
33		/				
34		/				
35		13				
36		11				
37		11				
38		11				
39		11				
40	1					
41						
42						
43						
44						
45						
46						
47						
48						
49						
50		9				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51		9				
52		1				
53		8				
54		8				
55		8				
56		8				
57		8				
58		8				
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96						
97						
98						
99						
100						
TOTAL IND.		2				
TOTAL DEP.		43				
TOTAL CLAIMS		45				